

The Assessment of Alcohol Use in Urban, Minority Women: A Field Trial of a Self Administered, Computerized Alcohol Screening Tool (FAE-II)

Methodology: Results from the Phase I FAE study revealed that the ACASI methodology was well-received among the clinic patients, and the screening tool detected a greater incidence of women in the moderate and high-risk drinking categories than previous screening tools have revealed in similar populations. The Phase II FAE Study examined the feasibility of fully integrating a more focused and refined ACASI alcohol screening instrument within the usual routines and practices of prenatal care clinics in Washington, DC. The goal of the study was to facilitate the delivery of appropriate intervention to pregnant women depending upon their level of risk drinking behaviors (i.e., low, moderate, or high levels of risk).

ACASI was placed in two urban health clinics that provided prenatal and primary care to minority women in DC. Participants (n=1,064), who were low-income, African-American, and Hispanic women between 18–45 years, were asked in the waiting room to use ACASI to answer quantity, frequency, and TWEAK items. For pregnant women, any alcohol use placed them at risk for fetal alcohol exposure (FAE). For childbearing women, more than seven drinks per week or more than three drinks per occasion placed them at high risk for FAE. The physician or nurse practitioner was asked to review the computerized risk assessment and record if any intervention (education material, counseling, or referral) was made. Data collection began in May 2003 and continued through October 2003. A historical control group (n=1,189) was obtained using medical records from the previous year at the same clinics.

Results: The identification of alcohol use in pregnant women increased from 6.4 percent (control) to 17.9 percent (ACASI). For non-pregnant women, identification of alcohol use increased from 18.7 percent (control) to 57.2 percent (any use) and 19.4 percent (high risk use). Results for alcohol use among low-income, minority women in DC were 17.9 percent for pregnant women (1.7 percent frequent use, 5.1 percent binge drinking) and 57.2 percent for childbearing women (9.1 percent frequent use, 18.3 percent binge drinking). Women screened with ACASI and scored as using any alcohol were more likely to receive brief intervention than women who were not using alcohol (OR 8.1; 95%CI 5.1-12.8) and childbearing age (OR 16.4; 95%CI 7.4-36.3).